

COMPLAINT UNDER 42 USC §1983, CIVIL RIGHTS ACT-TDCJ-ID (Rev. 4/2008)

United States Courts
Southern District of Texas
FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE Southern DISTRICT OF TEXAS
Laredo DIVISION

JAN 19 2015 188
David J. Bradley, Clerk
Laredo Division

Arthur Lee Berry #156671379

Plaintiff's name and ID Number

Rio Grande Detention Center

Place of Confinement

CASE NO. 5:15-CV-11

(Clerk will assign the number)

v.

The GEO Group, Inc, At 1001 San Rio Blvd. Laredo, TX 78046

Defendant's name and address

DR. ARTURO GARZA-GONCORA, At 1001 San Rio Blvd. Laredo, TX 78046

Defendant's name and address

Defendant's name and address

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate District Court, the Division and an address list of the Divisional Clerks.

FILING FEE AND IN FORMA PAUPERIS

1. In order for your complaint to be filed, it must be accompanied by the filing fee of \$400.00.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate Account, until the entire \$400.00 filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion (s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuits in state or federal court relating to your imprisonment? YES NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: None
2. Parties to previous lawsuit:
Plaintiff(s) None
Defendant(s) None
3. Court: (If federal, name the district; if state, name the county.) None
4. Docket Number: None
5. Name of judge to whom case was assigned: None
6. Disposition: (Was the case dismissed, appealed, still pending?) None
7. Approximate date of disposition: None

II. PLACE OF PRESENT CONFINEMENT: Rio Grande Detention Center

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution?

YES NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Arthur Lee Berry, 218 Centenary DR.
Ft. Stockton, Texas, 79726 or At 1001 San Rio Blvd.
Laredo, TX 78046

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: The GEO Group, INC At 1001 San Rio Blvd,
Laredo, Texas 78046

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

By, Medical Neglect, Pain and Suffering

Defendant #2: DR. ARTURO GARZA-GONGORA A Employee For "GEO";
At 1001 San Rio Blvd Laredo, Texas. 78046

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

By Prescribe a medication For me At time I Left Fort Worth FCI Jail Un. 4.
Defendant #3: At The Jail Un. 4 Prescribe The Right medications, he Change it to a P. 911
Prescribe (Phu-bi-tis) I did not need NO PAIN
(Cubadine)

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V.

STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

I Was Sent To have a (CT-X-Ray here in Laredo, Tx. Then I Was Sent To (Fort Worth (Fci Jail Unit 4) BX Court here in Laredo, TX, on 3/18/2014, For a Evaluation. At Time I Seen The DR. Gomez he Personable The Medication For my (Wheezing of The Lung.) And The Pill For my Stomach, and Thyroid Pill, I Come Back To "GEO" on 6/19/2014, with [REDACTED] a Box of medication, Stated with The Document inside The Box with the medication. At Time DR. ARTURO GARZE-GONZALEZ Change my Medication to a Pill call (Phie-bitis) & was never Personable DR. Gomez in Fort Worth, TX. I had a (CT) X-Ray. Why I Was in Fort Worth, TX At The Hosp. Yet it Never Show That I had Blood Clots in my (Legs). on 5/19/2014, Till I Got Back here DR. Parza Personable The Pill and it Was Take off The Court

RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I, Want To Pursue this Complaint, for Medical-Neglect Damage, Pain and, Suffering, CRUEL and UNUSUAL Punishment, INFECTA

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

Arthur Lee Berry

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if known to you.

L56671379-8432 8589

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): NONE

2. Case Number: NONE

3. Approximate date sanctions were imposed: NONE

4. Have the sanctions been lifted or otherwise satisfied?

YES NO

YES NO

C. Has any court ever warned or notified you that sanctions could be imposed?

Attachment of Page 4 STATEMENT OF THE CLAIM:

ON March; 3-2014 I had a empty/empty attack in housing "H 2-B" without medication. At the time Sgt. Palestino Shoved me off my wheelchair onto the floor and was later put in the Segregation unit without medication. Later that day Officers from the USMS came and questioned the nurse about my medication and she stated that they had to be ordered in and they weren't available at the time. I never received the medication. I, started bleeding inside and I was sent to be x-ray, about the issue and doctors sent away. AS Stated in (V.) STATEMENT OF CLAIM:

I'm a Fall Risk as stated in medical Record (The GRIEVANCE Department) will not give me a response back on Step 1 and Step 2 ?

Step 1 ON 12/21/2014

Step 2 ON 1-4-2015

Sincerely

Arthur Lee Berry

Reg. No. 156691379

FBI# - 84329599

(4)

456671-379

Arthur Berry
PO BOX 15330
Fort Worth FCI Jail Unit
FT Worth, TX 76164
United States

V. STATEMENT OF CLAIM:

COMPLAINT. I was Sent to have a (CT-X-RAY) here in Laredo TX, on March 12-2014, and I was Sent to (Fort worth FCI Jail Unit) BY the Court here in Laredo TX, on 3/18/2014, for a Evaluation. At Time I seen the DR. Gomez he Prescribe The Medication for my (Wheezing of the Lungs), And The Pills For my Stomach, and Thyroid Pills, I came Back to "GEO" on 6/18/2014, with a Box of Medication stated with the document inside the Box with the Medication. At Time DR. ARTURO GARZA-GONZORA, Change my Medication to a Pill call (Phlebitis) it was never Prescribe BY DR. Gomez in Fort worth TX, I had a (CT)X-RAY, why I was in Fort worth TX, At The Hospital it never showed That I had Blood Clots in my (Legs) on 5/19/2014 till I got Back here "DR. Garza Prescribe The Pill and it was Take off The Cart Right away. I want to Pursuing This Complaint for Medical Neglect, Damage, Pain and Suffering, Cruel and Unusual Punishment, Inflctal

(4) Arthur Lee Berry
Resno. 456671379 - 84329599
FBI

Attachment of Page 4 STATEMENT OF THE CLAIM:

I hereby Certify that This is true and correct of the foregoing complaint. That I Show my Left Leg To (Major Garson). after I had Take The Pill That (DR. ARTURO Garza GonGora). Prescribe and, 2 days after I had Take The Medication. My left Leg Was Swelling so bad I drop To Floor and was Taking to The (hospital on 9-04-2014), and was admit and was not told The (reason why) and what Went Wrong. I was take to hospital ~~8~~ (Sargent Palestino?) After 5 days I was sent Back to Rio Grande Detention center (GEO) ON 9-9-2014, At about 3:30pm. and 15th days later, I was sent To be Photographic, X-Ray on (Both LEGS) on 9-24-2014, The Officer That taking me to Be X-Ray, was told to go to (hospital night duty), and I was admit for 2 days for Blood Clots. Right after This was stated. (DR. ARTURO Garza-GonGora) no longer work for (GEO).

ON 12/29/2014, I was call to go and see "DR. Jack" At 8:00 AM, He stated to me about The Damage that was Done. That "(GEO)" are not Responsible for The Damage At about 8:20 AM, (nurse Montes), stated to me and DR. Jack. That She Admit to Give me THE (Pill) and it was Take Off Pill Cart. An no long Give To me no more. I, Have exhausted Both Steps of Grievance, She are refused To Give me a Response back from 12-24-14. SINCERELY

1-4-15 Arthur Lee Berry

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Reg No. L56671379 - 84329599
FBIH

D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): None
2. Case Number: None
3. Approximate date warnings were imposed: None

Executed on: None
DATE

Arthur Lee Berry X
Arthur Lee Berry
(Signature of plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *informa pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from my inmate account by my custodian until the filing fee is paid.

Signed this 9 day of January, 20 15.
(Day) (month) (year)

Arthur Lee Berry
Arthur Lee Berry
(Signature of plaintiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the above questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.